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WEEK OF AUGUST 31, 2020

Finance

- 1. Question:** If you have various programs, can you use the Alternative Payment Arrangement (APA) for one program and Fee-for-Services (FFS) for another program?

Answer: Providers need to complete the [Expense Form](#) and determine what works best for their agency. Once the provider decides on the payment methodology for their programs, this will be the payment arrangement for the remainder of the year. CBH will not allow providers to switch back and forth. Please see [Provider Bulletin 20-17](#) for additional information. Questions related to the Bulletin can be submitted to your Provider Relations Representative.

- 2. Question:** The fear that we have is that COVID-19 will surge next month and require social distancing causing a drop in census. If we do not opt out of the APA by September 11, could we request to come back into the program later?

Answer: While none of us can predict whether or not there will be a surge in COVID-19 impacting census, our goal is for you to choose what reimbursement methodology is best for your agency for the period October to December. In the event that there is a catastrophic change in the health of the overall population, we may consider a change at that time.

3. **Question:** If we would like to request continuing with the APA, is it an “all or nothing” scenario or can we choose specific programs to continue the APA and choose others to return to fee-for-service (FFS)?

Answer: CBH is asking providers to decide for their agency. The intent is not to allow providers to pick and choose based on the service provided. This should be submitted to CBH and will be the methodology for the remainder of the year.

4. **Question:** If we choose FFS, can we switch back to the APA at a later date?

Answer: We would like for providers to decide for their agency for the rest of the year.

5. **Question:** Is there any way to go to FFS in September?

Answer: No, all bed-based providers will go to FFS effective October 1, 2020.

6. **Question:** Is there a process for a per diem bed-based provider to request going back to claims based FFS reimbursement for the month of September (i.e. one month sooner), or should we wait until October 1?

Answer: No, this will occur October 1, 2020.

7. **Question:** Can bed-based providers request a delay for FFS?

Answer: Please see [Provider Bulletin 20-17](#) that was issued on August 31, 2020.

8. **Question:** If we want to return to FFS in bed-based services but remain on the APA for community-based services will CBH be recalculating the APA for just the community-based portion of our services?

Answer: Yes, the APA starting in October will be for only the community-based portion of services.

- 9. Question:** Our APA amount includes bed-based and community-based services. Will the APA amount change now that bed-based will not be included?

Answer: Yes, it will only include the amount for community-based services.

- 10. Question:** Where are the APA forms located?

Answer: It is embedded in [CBH Bulletin 20-17](#).

- 11. Question:** How are “surplus funds” being determined/calculated in the APA?

Answer: This is the difference between revenue and expenses.

- 12. Question:** What about significant shortages of APA versus what would have been FFS payments?

Answer: If you are providing consistently higher FFS claims when compared to the APA, you should choose the FFS option.

- 13. Question:** For bed-based providers, can they request a delay for FFS until November or December 1? Also, if you move to FFS but have a COVID-19 outbreak that reduces your census, can you go back to the APA?

Answer: No, you should either be FFS effective October 1, 2020 or January 1, 2021.

- 14. Question:** For community-based providers, if we were to request transitioning back to FFS structure, would we begin billing services on October 1 or would it revert the payments we had received for prior months?

Answer: Yes, it would start on October 1, 2020, not retroactively.

- 15. Question:** If we are returning to FFS, but in September our claims/payroll exceeds the APA, is there a way to account for this compensation?

Answer: Providers cannot back bill for FFS services if they received APA payments in the previous months.

16. Question: Will the payment rates for FQHCs be the same from now until November?

Answer: FQHC rates will remain the same.

17. Question: Does that include all services that occur outpatient? Such as intensive case management, or strictly outpatient treatment for access forms?

Answer: Community-based services are all services that are not bed-based per diem services including intensive case management.

18. Question: Will the APA have to be returned to CBH in the future?

Answer: We will not ask for the APA to be returned, but we may adjust it down if actual expenses/claims submitted are consistently lower than that APA amount.

19. Question: Would the October to December payment dates likely be the same?

Answer: Our goal is to pay the APA by the end of the month of service. Depending on our cash flow, APA payments could be delayed into the first week of the following month. This would assist in provider cash flow once you return to FFS due to the lag in claim payments.

Telehealth Focus Group Questions

1. Question: What are the four areas of telehealth focus groups?

Answer: The four areas of telehealth focus groups include:

- ➔ Technology/Security
- ➔ Quality Outcomes Measures and Monitoring
- ➔ Billing and Reimbursement
- ➔ Racial/Lifestyle Inequalities

- 2. Question:** What is the Social Determinants of Health (SDOH) survey called? Where can we find a link to it?

Answer: SDOH stands for Social Determinants of Health. If your agency needs to receive the survey again, please reach out to your Provider Relations Representative.

- 3. Question:** How was the survey distributed?

Answer: The Community-Based Organization Survey was distributed via email to all CEOs of each provider agency in-network.

- 4. Question:** Who are the contacts at the State to get involved in the September focus groups on the future of telehealth?

Answer: The contacts are not listed yet. We will try to find the contact information and distribute it in an upcoming CBH News Blast.

Other Questions

- 1. Question:** It was mentioned earlier that there is a monthly Outpatient Access Form for outpatient, could you send a link for that?

Answer: Please reach out to your Provider Relations Representative for access to the QuickBase system.

- 2. Question:** Will you be resuming regular full NIAC audits?

Answer: NIAC visits have continued throughout the pandemic.

- 3. Question:** Where are the documentation guidelines posted?

Answer: Guideline documentation is posted on our website, cbhphilly.org

WEEK OF JUNE 22, 2020

Clinical

1. **Question:** Is there a date when CBH expects the CIRC programs to reopen?

Answer: A few CIRCs have maintained some level of in-person access already. CBH does not yet have an expected date for all CIRCs to resume some level of in-person services, but we will provide updates in the coming days.

WEEK OF JUNE 8, 2020

Alternative Payment Arrangement (APA)

1. **Question:** When the APA ends, how will providers reconcile losses due to the APA?

Answer: The APA will continue at least through July. CBH is working on strategies to transition out of the APA and back to fee-for-service. CBH will make announcements about the transition in the near future. There will be no reconciliation process for APA payments.

2. **Question:** If a provider has multiple programs, how should the revenue from the APA be allocated to each program?

Answer: Please contact your Provider Relations Representative via email or phone for agency-related questions.

Telehealth

1. **Question:** How long will telehealth continue?

Answer: The original telehealth memo was in effect for 90 days, the length of Governor's Emergency Declaration, which was set to expire last week. The Declaration has been extended for an [additional 90](#) days. Telehealth will continue as long as the Emergency Declaration is in place.

WEEK OF MAY 18, 2020

General

1. **Question:** Is CBH still accepting new referrals for clients?

Answer: Yes. CBH members who are looking for services should contact Member Services at 888-545-2600.

2. **Question:** Can we start using the Place of Service (POS) 2 code prior to June 15, or do we need to wait until June 15?

Answer: Please wait until June 15, 2020 to begin using the POS 2 code.

3. **Question:** Is the IBHS Attestation Form for those who have been awarded the right to negotiate for the RFP?

Answer: Providers awarded IBHS contracts through the RFP may use the attestation form if they are enrolled in the Medical Assistance (MA) Program and are approved by the Office of Mental Health and Substance Abuse Services (OMHSAS) to provide Behavioral Health Rehabilitation Services (BHRS) and render Intensive Behavioral Health Services (IBHS) but are not yet licensed for IBHS.

4. **Question:** Are face-to-face group calls required?

Answer: Yes, using video conferencing for group calls is a State regulation. Providers will need to be creative, such as conducting video conferencing on-site but in a different room. CBH is open to working with you to explore possible solutions.

5. **Question:** Is the recording of our weekly meetings available on the website?

Answer: No; however, we update our FAQ after each Provider call and post it on the [CBH website's COVID-19 landing page](#).

APA (Alternative Payment Arrangement)

- 1. Question:** How should providers interpret their “for information only” claim detail files as they relate to the APA?

Answer: Providers should be submitting claims as they typically would. Providers should review the encounters submitted during the APA period to ensure accuracy. This will be important in the future as the State will look at the volume of services during the APA period.

- 2. Question:** What feedback would CBH like regarding the future, post-APA?

Answer: We are looking for any provider feedback regarding the transition back to Fee-for-Service in the coming months. We will take these suggestions into consideration, but the final determination will be based on a combination of factors.

- 3. Question:** When is the next APA Expense Form due?

Answer: The next due date for the APA Expense Form is Friday, May 22, 2020.

- 4. Question:** If services have decreased, but we are being paid through the APA, do we need to report the decrease on the form?

Answer: Please use the APA Tracking Form and answer the questions as they are laid out.

- 5. Question:** Can the APA form be consolidated for all CBH programs?

Answer: It is CBH’s preference to separate the information by program.

DBHIDS Questions

- 1. Question:** Who falls in the category of COVID-excused? What do “employees who are getting paid but not working because their work cannot be done from home” mean?

Answer: Employees who have positions which are not suitable to work from home fall into this category. If you have specific questions regarding who may or may not be included, please contact Amanda David at Amanda.David@phila.gov.

- 2. Question:** Does this include DBHIDS funded programs?

Answer: Yes, the form includes both CBH information and DBHIDS information on separate tabs.

- 3. Question:** Do we need to update the April [COVID-19 Expense Form](#)?

Answer: Yes.

- 4. Question:** Do we need to reflect other funding sources that are in drop-down list in column C?

Answer: Only list CBH and DBHIDS funding sources as listed on the forms.

- 5. Question:** Can we update the March form if we need to?

Answer: Yes.

- 6. Question:** For the updated [DBHIDS form](#), does it have an updated date and header/footer so that we know the difference between the old and the updated?

Answer: The new form file is labeled DBHIDS provider “[COVID-19 Expense Tracking Updated](#).” Please make sure to use that form. If you don’t have the form, please email Amanda.David@phila.gov.

WEEK OF MAY 11, 2020

Alternative Payment Arrangement (APA)

1. **Question:** Will there be an APA for June?

Answer: Yes.

2. **Question:** Will these APA payments be the same each month?

Answer: We are evaluating APA payments on a monthly basis.

Billing

1. **Question:** Can providers absorb COVID-19 specific expenses?

Answer: Yes; there is no problem with providers absorbing COVID-19 costs if you can cover them. Providers should continue to report to DBHIDS through their [Expense Tracking Form](#).

2. **Question:** If providers can absorb COVID-19 specific expenses into existing contract budgets, should we do so? If yes, do you still want a separate report for information purposes about total COVID-19 costs systemwide? If you still need a separate sheet for reimbursement, should we then extrapolate the costs already submitted and submit them on the COVID-19 expense sheet?

Answer: This is a DBHIDS COVID-19 expense tracking form. As such, please contact Amanda David, Special Advisor to the Deputy Commissioner for Finance and Administration at amanda.david@phila.gov.

3. **Question:** Claims billed are not showing up on the NO Pay RAs (835). This would be helpful to reconcile APA payments after claims have been billed.

Answer: These claims should be reported on the 835s once they are processed.

- 4. Question:** Should providers submit claims for group services that have been provided telephonically *only* to date?

Answer: If group sessions were completed via phone only, please hold on submitting those claims. We will seek guidance from the State about how to handle sessions completed via voice-only for those sessions completed prior to the State's clarification. It was CBH's understanding that the services completed either via telephone or video should be invoiced as telehealth encounters.

Any claims previously submitted, prior to the State's clarification, will be processed by CBH.

Expense Forms (APA and DBH)

- 1. Question:** When are the expense reports due? There are two separate dates.

Answer: There are two separate expense forms. The [CBH APA Expense Forms](#) for January and April are due by May 21, 2020. The [DBHIDS COVID Expense Form](#) is due the 15th of each month.

Telehealth

- 1. Question:** Will you please share the link from the State's Notice that video is now required from group services?

Answer: The Commonwealth's updated FAQ states that group services may be provided via audio-visual telehealth platforms. The updated FAQ can be found on the [DHS website here](#).

- 2. Question:** Is video required for group and individual sessions?

Answer: Video is required for group therapy sessions. While real-time audio-visual sessions are preferred for individual sessions, voice-only is permitted.

- 3. Question:** When you say "video," does that mean the staff must be in the video?

Answer: Yes; group sessions must utilize real-time audio-visual technology for both staff and members.

- 4. Question:** What if clients do not have access to video?

Answer: Any individual who does not have access to video should do individual therapy and not group therapy, which is required by two-way video.

- 5. Question:** Do you know how long telehealth services will be extended? Are we looking at timeframes past June or July?

Answer: The flexibility that has been enabled to expand telehealth is governed by the Commonwealth. As we get more information about extensions, we will keep you informed via the News Blasts and in these discussions.

Interpretation Services

- 1. Question:** Are all providers still required to have interpreters present via telehealth appointments for individuals regardless of COVID-19? Are there any exceptions we should be aware of?

Answer: We need additional information to accurately answer this question; please contact CBH Compliance at CBH.ComplianceContact@phila.gov for assistance.

WEEK OF MAY 4, 2020

Alternative Payment Arrangement (APA) and Claims

- 1. Question:** Are providers expected to submit claims during the APA period (beginning April 1, 2020) after the APA is no longer in effect?

Answer: Yes, providers are expected to submit claims during and after the APA period. The APA does not change the claims submission process.

2. **Question:** We were required to straddle-bill March/April. I presume we will straddle-bill the transition from APA back to normal claims processing. Do we also need to straddle-bill each month within APA?

Answer: No, for the period within the APA you do not need to straddle-bill. However, when the APA is over, you will need to straddle-bill for claims that start in the APA period and end in the fee-for-service period.

3. **Question:** Is the APA reconciliation based on claims value only or claims plus reported expenses, such that the facility keeps the amount above the claims value?

Answer: We will not be doing a reconciliation at the conclusion of the APA. Claim reporting is for our encounter reporting to the state. Expense reporting is to ensure that the provider continues to operate and pay staff.

4. **Question:** Will we continue to receive supporting claim detail information listing claims processed?

Answer: Providers will continue to have access to the readmittance advice (835) on the portal (Ipswitch). The claims will pay as usual and generate the same reports that are usually provided.

5. **Question:** Most of us are getting fewer referrals right now, and so by, the time the APA ends, we will not be generating the same income as prior to the COVID-19 crisis due to lower program census. Has CBH considered a phase-out of the APA, where we may move back to FFS billing and CBH could provide the difference between APA and FFS billing until our census is back to normal?

Answer: One of reasons why we had planned to delay paying out March claims was so providers would have revenue on the back end. We are looking at all scenarios. When we have more information, we will communicate it to the network.

Expense Tracking

1. **Question:** Are you able to send us the Expense Tracking Form in Excel?

Answer: There is a copy of the Excel Expense Tracking Form on the CBH website, [located here \(.xlsx\)](#).

2. **Question:** For certain line items, are attachments acceptable? Would it be acceptable to say, “see attached” and use our existing reporting formats in order to expedite the reporting process?

Answer: We prefer that you use the existing Expense Tracking Form because we are trying to standardize the process. Please provide as much information as you can within the existing form.

3. **Question:** Is there a detailed list of items that can be submitted on the expense report?

Answer: All applicable information regarding expense reports and tracking can be found on the CBH website in [CBH Provider Notice: Alternative Payment Arrangement \(APA\) Expense Form](#).

4. **Question:** Where should the expense tracking forms go? Do hardcopies also have to be sent via mail?

Answer: All applicable information regarding expense reports and tracking can be found on the CBH website in [CBH Provider Notice: Alternative Payment Arrangement \(APA\) Expense Form](#).

5. **Question:** In the expense tracker, do we only list workers billable/client services for which they were paid, or do we also include work they may have done for the agency?

Answer: Include all expenses incurred by the agency to support Medicaid services.

Clinical

1. **Question:** Will providers need to re-evaluate all children whose authorization ends on June 15? What happens with authorizations after August 31, 2020?

Answer: Taking into account the uncertainties related to how school will resume in the fall, we are working on a way to ensure continuity of treatment service without having to require a re-evaluation. Those instructions are forthcoming.

General

1. **Question:** How can I sign up to receive the CBH News Blast?

Answer: [Please click here](#) to sign up for the CBH News Blast.

WEEK OF APRIL 27, 2020

Telehealth

1. **Question:** The “Telehealth 101: Just the Basics” webinar scheduled to take place on April 29, 2020 is closed. Is it possible to still participate?

Answer: If you were unable to sign up and are interested in the information, please contact your Provider Relations Representative. The webinar is being recorded, and we will host additional webinars if needed.

COVID-19 Reporting

1. **Question:** Is CBH continuing to ask for incident reports of members who test positive or would the OMHSAS form suffice?

Answer: During this period of COVID-19 reporting, CBH will accept reports submitted using the Office of Mental Health and Substance Abuse Services (OMHSAS) COVID-19 Reporting Form. Please review the [March 12, 2020 CBH Provider Notice: Reporting of Coronavirus](#).

Compliance

1. **Question:** If we had already submitted the CBH personnel roster on March 27, do we have to resubmit it to the new contact information provided?

Answer: No.

Clinical

1. **Question:** Has OMHSAS provided information regarding the waiver of ACT requirements for new admissions?

Answer: We have not received additional information and will follow-up with OMHSAS.

WEEK OF APRIL 20, 2020

Telehealth

1. **Question:** What are the dates of the telehealth webinars?

Answer: CBH Compliance and CBH Provider Training and Development Departments are hosting two upcoming “Telehealth 101: Just the Basics” webinars for the CBH Provider Network:

- ➔ **Thursday, April 30, 2020**
11:00 a.m. to 12:00 p.m.
For All *Community-Based Levels of Care*
To register, click [here](#).
- ➔ **Friday, May 1, 2020**
11:00 a.m. to 12:00 p.m.
For All *Bed-Based Levels of Care*
To register, click [here](#).

If providers have specific telehealth questions they’d like us to address during the webinars, they should submit general questions via email to

cbh.ndtechnicalassistance@phila.gov no later than 5:00 p.m. on Monday, April 27, 2020.

COVID-19 Reporting

1. **Question:** Where is the link to OMHSAS COVID-19 Reporting Form located?

Answer: It is located on the CBH COVID-19 webpage under April 15, 2020 updates (titled [CBH Revised Notice: Reporting of Coronavirus](#)). It can also be found on the Notices page, bulleted below “CBH Notice, March 12, 2020: Reporting of Coronavirus (Revised April 15, 2020).”

2. **Question:** To whom at CBH should OMHSAS COVID-19 Reporting Forms be sent?

Answer: Forms should be sent to the CBH Quality Department at CBH.Quality.Review@phila.gov, and a CBH staff member will email you. Forms can also be faxed to 215-413-7132.

Compliance

1. **Question:** CBH requires that staff rosters be submitted by May 1. Who specifically should this be submitted to?

Answer: The roster, any outstanding questions, and requests for extensions should be emailed to Mark Miller at Mark.d.miller@phila.gov. If needed, Mark can provide providers with the blank template.

Finance

1. **Question:** Will the Alternative Payment Arrangement (APA) continue in May? When will providers expect notice of a May commitment so that providers can better plan their cash flow?

Answer: Yes, APA payments will continue in May and providers can expect to receive their payments around the same time that they were received in April.

Clinical

- 1. Question:** For clients on room quarantine due to a positive or pending COVID-19 result, our major focus is to medically monitor the patient. Is CBH expecting behavioral interventions by therapists for these patients in isolation?

Answer: There is no blanket policy to address these situations, and they should be handled on a case-by-case basis. If the member is too medically compromised to participate in meaningful therapy, document the short-term plan to get the member back to where they can restart behavioral health treatment.

- 2. Question:** Telehealth is difficult for BHTs more so than for Master level clinicians. Some want to go out and see clients that they trust. As an agency, we advise against it, especially as Philadelphia is increasing in COVID-19 cases. When do we expect that they can go out in the community if both staff and parents want this service?

Answer: This is an agency, staff, and member-level decision, and CBH is not in the position to make that decision. We encourage providers to contact the Philadelphia Department of Public Health for further direction.

- 3. Question:** Will extensions of authorizations be provided for IBHS initial assessments?

Answer: Initial assessment for IBHS are not being extended. Only current authorizations for community-based services are being extended until June 15, 2020.

Provider Operations

- 1. Question:** When is the updated COOP due?

Answer: An email will be sent to organizations with missing COOP items, and it will be due by the end of business on Friday, April 24.

WEEK OF APRIL 13, 2020

Public Health Questions

- 1. Question:** Is there a central source for admission restrictions or required testing for admissions for Acute Inpatient Providers (AIPs)/substance use/subacute levels of care coming from Emergency Rooms (ERs) and Crisis Response Centers (CRCs)?

Answer: The guidance is dependent on the situation:

- ➔ If the patient is asymptomatic, no laboratory testing is required at admission. However, all admissions should be screened for symptoms of, or exposure to, a known case of COVID-19; all patients should have their temperature taken at the time of admission.
- ➔ Patients that are symptomatic at the time of admission (fever ≥ 100.4 , cough, shortness of breath, fatigue) should have an NP swab conducted for SARS-CoV-2 and be placed in isolation until results have returned.
- ➔ Patients with a known COVID-19 infection should be isolated upon admission. Isolation can be discontinued if a repeat NP swab is negative for SARS-CoV-2 or a minimum of seven days after onset of symptoms and three days after resolution of fever (off antipyretics) and improvement in respiratory symptoms.
- ➔ For persons who have a known exposure to COVID-19, quarantine may be discontinued seven days after the last exposure. Generally, this will be seven days after the case has been released from isolation.
- ➔ For bed-based patients, ongoing screening for symptoms should occur daily with screening for fever at least twice a day.

2. **Question:** Can prospective admissions coming from psychiatric hospitals be tested if there are positive cases (patients or staff) at the hospital?

Answer: At this time, only patients with symptoms meet criteria for testing. A negative test does not mean that a patient is not infected, so testing asymptomatic individuals may only provide a false sense of security and lead to transmission.

3. **Question:** What is your recommendation as far as usage of face shields in addition to face masks?

Answer: Face shields can be used in conjunction with face masks but should be reserved for persons engaged in the direct care of patients that have known COVID-19 infection or patients that are symptomatic and in isolation and awaiting test results for COVID-19.

If there are staff that will be collecting nasopharyngeal swabs for COVID-19 testing, those individuals and anyone assisting should be wearing full PPE as guided by the [CDC](#): N95 mask, face shield, gown, booties, and gloves.

4. **Question:** Can we get an update on where things are with the current solutions for staff and clients who are either sick or test positive?

Answer: Please see the guidance on the [City's Health Information Portal](#). Sites should decide where they are in terms of workforce capacity.

5. **Question:** The March 28 Notice from PDPH advises universal masking for all clinical and non-clinical staff at long-term care facilities. Does this also apply to other bed-based programs: Long-Term Structured Residential (LTSR), Community Residential Rehabilitation (CRR), and inpatient psych units?

Answer: Yes, these facilities should be following universal masking for clinical and non-clinical staff along with strategies to conserve PPE. Please see the following links for additional information:

- ➔ [Conservation and Safe Re-use of Surgical Masks](#)
- ➔ [Conservation and Sage Use of N95 Respirators](#)
- ➔ [Conservation and Mitigation in Settings with Shortages of Personal Protective Equipment](#)

6. **Question:** Can surgical masks be reused? If so, how do you recommend re-using them?

Answer: Yes, surgical masks can be reused. You want to use same mask throughout shift, and you do not need to change between patients. Keep the mask on throughout shift to avoid transmission and replace the mask if it becomes soiled. Make sure the mask is put on properly and do not pull it down, touch your face, or wear it as a necklace. Every time you touch mask, perform hand hygiene. The outside surface needs to be considered as dirty, so when it's removed, take it off and fold it so that the outer dirty surface is folded inward on itself. Put the mask in a paper bag and then you can use it again during your next shift. Make sure you practice proper hand hygiene every time you touch the mask and make sure the mask is not left out on other surfaces.

7. **Question:** Is there any update on availability of rapid testing and more sensitive testing including of antibodies in the Philadelphia region?

Answer: Some sites, including the Penn Health System, are doing rapid testing, but that type of testing is reserved for individuals in inpatient units. The City public health lab has access to rapid tests, but the number is limited. The FDA just approved antibody tests for patients who have recovered from COVID-19 only. Please continue to check the Philadelphia Department of Public Health website; guidance will be issued on these tests as needed.

8. **Question:** In small group homes (three or fewer clients with Intellectual Disabilities (IDs)) are you still recommending a mask for all staff at all times? We can't get enough masks and some clients with ID are not able to tolerate masks.

Answer: We understand that not everyone can tolerate wearing a mask. In these situations, staff should wear masks and maintain social distancing with residents.

9. **Question:** Once a client has tested positive for COVID-19, is there any way to get the resident counselors who worked with the client tested so that we do not further spread the virus and/or quarantine all of the staff?

Answer: If staff were wearing the appropriate PPE, we would not necessarily test individuals. If there was an exposure without PPE, those individuals should be isolated and only return at least seven days after exposure. For individuals who were wearing appropriate PPE, testing of those individuals is not recommended.

There is information on testing health care workers in absence of symptoms on the City's website.

Additional sources for guidance include:

- ➔ Department of Public Health's COVID-19 page for [healthcare providers](#)
- ➔ Department of Public Health [Guidance for congregate settings](#)
- ➔ To report COVID-19 cases use the Public Health Acute Communicable Disease Program numbers:
 - » (215) 685-6748 (During normal business hours)
 - » (215) 686-4514 (After hours and on weekends)
- ➔ The National Council has released several [documents for COVID-19 in the behavioral health setting](#)
- ➔ Center for Disease Control guidance for [healthcare professionals](#)
- ➔ Center for Disease Control [PPE sequencing guidance](#)

Holiday Inn Site

1. **Question:** Will the Holiday Inn Express accept patients on methadone?

Answer: Yes. These services are being operated by Jefferson Hospital. The expectation is that these individuals are somewhat stable and eligible for take-home medication.

- 2. Question:** We know that HIPAA restricts our ability to inform staff of names of staff or clients who have tested positive; however, we are concerned for the safety of other staff or clients who may have come in contact with the infected individual. Do you have any suggestions on the best way of protecting “well” staff/clients?

Answer: You do not need to let individuals know the specific individual who has contracted the virus, but let the people who were exposed know that they have been named as someone who has had contact with someone who has been infected.

- 3. Question:** Is there any thought into opening up the Holiday Inn for residential or provider staff who are positive with work-related exposure?

Answer: Currently, the Holiday Inn site is open to everyone, including staff who are positive with work-related exposure. The Health Department will determine the appropriate quarantine site.

- 4. Question:** Are there supports at the Holiday Inn that make it possible for individuals who normally reside in residential programs, who struggle with psychosis and/or other challenging issues, but who don't need methadone to stay there? And, if not, are there any plans underway to create something for this group?

Answer: The expectation for the Holiday Inn site is for individuals who are somewhat stable and don't require a high touch in terms of behavioral health needs. Having a serious mental illness is not an exclusionary criterion, but the individual must be able to tolerate isolation and to perform their own ADLs. There has been some discussion of the need for a site that services individuals who have higher needs, but it has not been concluded.

COVID-19 Reporting

- 1. Question:** Why do we need to inform the Health Department, CBH, and OMHSAS etc. with names of those tested positive—doesn't the testing entity inform the Health Department? Won't this result in duplicate count?

Answer: CBH is asking for this information to best understand the trends within network. CBH is looking for the information info to gauge the level of urgency to host call, push for PPE, and do other planning. Although different agencies are using this information to assess needs, CBH/DBHIDS are looking to streamline incident reporting, so there is not a duplicate count.

WEEK OF APRIL 6, 2020

Claims

- 1. Question:** Should we continue to bill for dates of service prior to April 1 with expected payment after the Alternative Payment Arrangement (APA) period ends?

Answer: Yes. Providers should continue to submit claims as usual. Providers can expect the April APA payment on or around Friday, April 10. Schedule A rates will be back in place after the APA ends. Providers will receive one lump sum for APA payments, inclusive of all levels of care. It is crucial that all providers continue to submit claims even though APA payments are in place.

- 2. Question:** Should residential services that remain face-to-face be coded as “99” even though they are not telehealth but are under APA?

Answer: Services provided via telehealth should use the Place of Service (POS) code 99. Otherwise please use the POS you would typically use for the service.

- 3. Question:** Phone calls are a billable service in Blended Case Management (BCM). Does CBH prefer “99” versus what is usually done for phone calls?

Answer: Case management providers are to use the POS code 99 if they are providing a service via telehealth that would normally have been a face-to-face visit. Case management providers are to use the normal case management codes for all other services provided.

- 4. Question:** If Behavioral Healthcare Workers (BHWs) are providing services as a fee-for-service worker in the home, what code should be used?

Answer: That question cannot be completely answered without additional information. The provider type/specialty code combination is needed to determine the State-defined allowable POS codes. In general, please remember that if the service was delivered via telehealth, POS code 99 should be used during the COVID-related State of Emergency. POS code 12 is the State approved POS code for “home,” but please check with your Provider Relations Representative to ensure that the specific position is currently able to use that code.

- 5. Question:** Should Blended Case Management (BCM) be coded as telehealth?

Answer: All services that are delivered via telehealth should be coded that way; otherwise, please code as usual.

Clinical

- 1. Question:** Can you provide guidance on how units will be assigned to authorization numbers?

Answer: Please see [CBH Bulletin 20-09: Temporary Suspension of Utilization Review](#).

Compliance

- 1. Question:** Can we bring on new staff if we cannot get employment verification?

Answer: Click [here](#) to see the guidance regarding employment verification.

COVID-19

- 1. Question:** Does CBH want to receive incident reports for both staff and members who test positive for COVID-19?

Answer: Please submit reports for both staff and clients who test positive for COVID-19. The reports can be submitted to the CBH Quality Management Department at CBH.Quality.Review@phila.gov.

- 2. Question:** What is the status of the PPE supplies we requested from Kim Doyle?

Answer: At this time, we have not received any follow-up regarding the PPE supplies. We reached out to the hospital association and they referred us to the Office of Emergency Management (OEM), but we have not heard back. We will follow-up with DBH and will share information as it's received.

Holiday Inn Site

- 1. Question:** Will telehealth be accessible in the Holiday Inn to evaluate patients (medical and psychiatric)?

Answer: Please see below.*

- 2. Question:** Will the quarantine site at the Holiday Inn accept MAT members? Will they be able to handle take-homes at the quarantine site?

Answer: Please see below.*

- 3. Question:** When will the quarantine site be open?

Answer: Please see below.*

- 4. Question:** Is the Holiday Inn being utilized for those who need quarantine?

Answer: Please see below.*

- 5. Question:** How are people getting meals in the Holiday Inn hotel quarantine site? Can we provide meals for them?

***Answer:** The Holiday Inn site is an initiative of the City of Philadelphia and DBHIDS. For specific questions regarding the City's quarantine site, please contact the Philadelphia Health Department at 215-685-6742. Also, see the [PDPH Health Advisory: Referrals for Isolation and Quarantine](#).

Finance

- 1. Question:** Will CBH remit payment for the difference (if there is any) for what was paid under the APA and the claims submitted, or, vice versa, if we generate less claims, will we be required to return the difference?

Answer: No. We will not reconcile claims or pay additional money. We are monitoring claims and administrative costs to ensure that providers continue to operate through the crisis.

- 2. Question:** Regarding the budget forms, we are being asked to track personnel expenses. Will providers be reimbursed for the costs of keeping staff working during the epidemic, and, if so, will providers be required to return those funds through fee for service claims that are billed after the current crisis has expired?

Answer: The APA was developed to assist providers to maintain their operations including their healthcare workforce. Please see the following provision in the APA Acknowledgement: “any surplus will be accounted for and reported as outlined in this APA Agreement and carried over and applied to the next month. Any Provider that has a surplus at the end of the term of the APA Agreement may be required to remit the surplus funds back to CBH.” This has been included to provide CBH with a mechanism, if needed, to recoup any funds that aren’t utilized appropriately for the maintenance of operations or staffing.

- 3. Question:** Should agencies submit a single, consolidated budget form for all levels of care, or separate budget forms for each level of care?

Answer: It would be most helpful if providers are able to submit the budget form by level of care, but we will also accept the form on a consolidated basis.

- 4. Question:** Are Integrated Community Wellness Centers (ICWCs) included in the COVID-19 APA given that the ICWSCs will be contracted for their own APA?

Answer: Yes, ICWCs will be included in the APA.

- 5. Question:** When is the April report due?

Answer: The report is due on May 21, 2020.

- 6. Question:** Are providers required to submit March expenses related to COVID-19, and, if so, when is this due?

Answer: We did not ask for March expenses related to COVID-19. DBHIDS is collecting this information. This is separate and distinct from what we are asking for.

7. **Question:** Will we have to wait for payments from March services until after the APA ends?

Answer: Yes. For dates of services rendered between January 1, 2020 and March 31, 2020, those claims will be paid as normal, though not until after the APA is no longer in effect.

8. **Question:** How will we receive APA payments? Will this be through the traditional payment method or will we receive a separate check?

Answer: Providers will receive APA payments the way they regularly receive CBH payments. Providers will receive one lump sum check inclusive of all services.

9. **Question:** Will APA payments be broken out by level of care?

Answer: No, APA payments are not broken out by level of care. Providers will receive one lump sum inclusive of all services.

10. **Question:** Are funded 1:1s included?

Answer: Yes, 1:1 trends were included in the APA amount.

11. **Question:** If an agency provides services significantly above their “average” service level, is it possible that it will be compensated for the “extra” services above the APA payment?

Answer: Please contact your Provider Relations Representative if you have specific questions regarding your APA.

12. **Question:** Will the Value-Based Payment (VBP) initiative be pushed back as a result of COVID-19?

Answer: Yes. VBP and Pay for Performance (P4P) discussions are currently postponed until after the APA.

13. **Question:** Should agencies expect the APA payment at the same time monthly?

Answer: Yes, agencies can expect to receive the APA payment around the same time each month.

- 14. Question:** Is there any guidance about the expected reporting for the funds? CBH is only one payor for the hospital, and, as such, the funding is part of the entire funding needed to operate the hospital—how is the cost allocation determined to account for the APA payment?

Answer: Please see [CBH Notice, April 14, 2020: Alternative Payment Arrangement \(APA\) Expense Form](#).

- 15. Question:** Will there be more explicit guidance/instruction on the use and calculation of the expense forms?

Answer: Please see [CBH Notice, April 14, 2020: Alternative Payment Arrangement \(APA\) Expense Form](#).

- 16. Question:** Is there some flexibility for when the monthly cost report is due? The tenth day of the month following the month being reported is not a realistic due date. Most agencies close their books about three weeks after the close of the preceding month.

Answer: Please see [CBH Notice, April 14, 2020: Alternative Payment Arrangement \(APA\) Expense Form](#).

- 17. Question:** I know the Bulletin states payments are based on “claims history.” Does that mean the dollar value of the claims submitted or the dollar value of claims paid?

Answer: APA payments are based on the dollar amount paid by CBH to provider agencies.

- 18. Question:** How should we handle claims, not yet reconciled, for dates of service rendered between January 1, 2020 and March 31, 2020?

Answer: Those claims will be paid as normal, though not until after the APA is no longer in effect. In order to move forward with the APA, we had to have a cutoff date for claims submitted thus far in 2020.

- 19. Question:** Is the expectation for providers to pay 1099 and W2 staff based on how many services they normally provide per month?

Answer: CBH's expectation is that a provider's health care workforce should be maintained through this emergency to mitigate disruption to provider operations and ensure continuity of care for CBH members.

WEEK OF MARCH 30, 2020

COVID-19

- 1. Question:** Is there guidance on where to discharge patients that may be COVID-19 positive or symptomatic when they are homeless but not in need of continued treatment services (such as inpatient/residential rehab)?

Answer: The Philadelphia Department of Public Health (PDPH) has released [COVID-19 guidance for behavioral health and homeless service providers](#). CBH is encouraging providers to think about these potential discharges and how to ensure that the most specific and accurate discharge information can be shared.

Compliance

- 1. Question:** Are providers required to submit the Office of Mental Health and Substance Abuses Services (OMHSAS) Attestation Form for telehealth services for each licensed program?

Answer: No. A provider may submit one attestation form and attach a spreadsheet listing all of the separately licensed programs with the information required in the attestation form.

Utilization Review

- 1. Question:** Will CBH continue to provide guidance on projected discharges if/when the UR requirements are relaxed?

Answer: Our goal is to maintain access and flow and deploy resources to support these efforts. At this time, discharge reviews will continue to be performed as usual, specific to level of care. As a reminder, the Psychiatric Emergency Services (PES) line continues to be operational 24/7.

- 2. Question:** Will CBH continue to provide guidance on projected discharges if/when the UR requirements are relaxed?

Answer: We will continue to share the information that is available to us. Our goal is to maintain access and flow and deploy resources to support these efforts. As a reminder, the Psychiatric Emergency Services (PES) line continues to be operational 24/7.

- 3. Question:** What guidance can be provided about Partial Hospitalization Program (PHP) authorizations?

Answer: Please see [CBH Bulletin 20-09: Temporary Suspension of Utilization Review](#).

Clinical

- 1. Question:** Does CBH have recommendations or guidance that can be provided to assist with discharging members to recovery houses?

Answer: Providers should alert their assigned clinical care manager about any barriers to discharge for individual members. Recovery Houses are generally not CBH contracted entities, but City partners can be involved in problem solving as appropriate.

- 2. Question:** Will CBH allow for a modified version of the Comprehensive Biopsychosocial Evaluation (CBE) to complete intakes?

Answer: Providers are encouraged to use other means of collecting information such as the Level of Care Assessment or a traditional Psychiatric Evaluation to allow for a more expeditious process. CBEs are not required for the member to begin treatment. It is an ideal time to think about ways to prioritize the use of psychiatric time. If providers decide to continue to use the CBE, we are asking for you to capture the salient points and complete the CBE thoroughly.

- 3. Question:** Will assessment authorizations, such as a Functional Behavioral Analysis (FBA) via Written Order, also be extended to June?

Answer: No. Current authorizations for community-based services such as BHRS, IBHS, FBS, ABA, FFT, and MST-PSB will be extended until June 15,

2020, *except* initial assessment and treatment. Please see [CBH Bulletin 20-09: Temporary Suspension of Utilization Review](#).

4. **Question:** Can intakes/assessments be completed over the phone if a member has no access to video conferencing?

Answer: Yes.

5. **Question:** Have there been any changes to Urine Drug Screen (UDS) requirements (e.g. a suboxone patient would need a UDS)?

Answer: We ask that providers do their best given the face-to-face challenges and potential risks. Take necessary precautions based on clinical assessments.

6. **Question:** Can the psychiatrist complete both Part 1 and Part 2 of the CBE?

Answer: We ask that providers think about the best use of psychiatry time. A CBE is not necessary to initiate treatment. It is possible for psychiatrists to complete CBEs in their entirety (Part 1 and 2) if that is what your agency desires.

7. **Question:** How will providers receive the extended authorizations? Will CBH send a file?

Answer: We will get back to you soon with this information.

8. **Question:** What is CBH's stance on agencies that are unable to send prescriptions online but require members to be seen for paper scripts?

Answer: Prescriptions can be called directly into pharmacies, and members can coordinate the delivery or pick-up of their medication.

9. **Question:** Are the care managers aware that any authorizations that ended March 15 can be extended to June?

Answer: Yes, all care managers who process authorizations are aware of the change.

- 10. Question:** Will there be a change in reporting requirements for the submission of metrics (Children’s Mobile Crisis Teams and Children’s Mobile Intervention Services)?

Answer: In alignment with the temporary suspension of utilization review practices for CMIS, providers will not need to report the associated metrics beginning with Q2 (April - June).

- 11. Question:** Will CBH continue to participate in initial Individual Service Plan Treatment (ISPT) meetings for new BHRS cases?

Answer: CBH will continue to participate in discharge planning meetings and will participate in ISPT meetings for certain levels of care on a case-by-case basis.

- 12. Question:** Are there any inpatient units closed or not accepting new participants that you are aware of?

Answer: Please visit the [CBH website](#) for ongoing updates to changes in our provider network. This can be found on the COVID-19 landing page, under the “Operational Changes of Treatment Providers.”

- 13. Question:** How will the School District of Philadelphia be included in these meetings to plan for BHRS in the virtual school-based setting?

Answer: We continue to collaborate and communicate with our systems-level partners, including the School District of Philadelphia, during this time as providers increase their use of telehealth.

General

- 1. Question:** How often should providers update and submit their Continuation of Operations Plans (COOP) to CBH?

Answer: Please submit updated plans to Kim Doyle (Kimberly.Doyle@phila.gov) anytime there is a modification to your operations.

- 2. Question:** When should providers begin using Place of Services (POS) Code 99? Is this something that needs to be backdated?

Answer: Please begin using POS Code 99 immediately. We are seeking guidance from OMHSAS about backdating; please stay tuned.

- 3. Question:** Is there a specific template/format for the COOP or specific information you would like to know?

Answer: No, we do not have a template. Please inform us of any changes to your operations. See the April 3, 2020 CBH Provider Notice ([“Continuation of Operations Plan for Bed-Based Treatment Settings During the COVID-19 Pandemic”](#)) for additional details.

Personal Protective Equipment (PPE)

- 1. Question:** Do you have a timeline for when the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) or Office of Emergency Management (OEM) will have access to PPE?

Answer: We currently do not have a timeline; however, we will follow up with DBHIDS and OEM and get back to you as soon as we have this information.

- 2. Question:** Is there any information available about obtaining pump-style sanitizers?

Answers: If you need pump-style hand sanitizers, please include this as part of your PPE request. Requests can be sent to Kimberly.Doyle@phila.gov.

Public Health Questions

- 1. Question:** Is there a central source for admission restrictions or required testing for admissions for Acute Inpatient Providers (AIP)/substance use/subacute levels of care coming from Emergency Rooms (ERs) and Crisis Response Centers (CRCs)?

Answer: Please see below.*

2. **Question:** Can prospective admissions coming from psychiatric hospitals be tested if there are positive cases (patients or staff) at the hospital?

Answer: Please see below.*

3. **Question:** What is your recommendation for use of face screens in addition to face masks?

Answer: Please see below.*

4. **Question:** Can we get an update on the current solutions for staff and clients who are either sick or test positive?

Answer: Please see below.*

5. **Question:** The March 28 Notice from PDPH advises universal masking of all clinical and non-clinical staff at long term care facilities. Does CBH/DBH understand this to also apply to other bed-based programs: Long Term Structured Residential (LTSR), Community Residential Rehabilitation (CRR), and inpatient psych units?

***Answer:** CBH encourages providers to follow guidance from the Philadelphia Department of Public Health (PDPH) and the Centers for Disease Control (CDC). As new guidance is released, we will continue to link to it on our website www.cbhphilly.org.

Additional sources for guidance include:

- ➔ The Department of Public Health's COVID-19 page for [healthcare providers](#).
- ➔ The Department of Public Health [guidance for congregate settings](#)
- ➔ To report COVID-19 cases use the Public Health Acute Communicable Disease Program numbers:
 - ➔ (215) 685-6748 (During normal business hours)
 - ➔ (215) 686-4514 (After hours and on weekends)

- ➔ The National Council has released several [documents for COVID-19 in the behavioral health setting](#)
- ➔ The Centers for Disease Control guidance for [healthcare professionals](#)

Telehealth

1. **Question:** Can providers use telehealth for group therapy sessions and psychoeducational groups?

Answer: Group sessions are permissible through the use of telehealth; however, OMHSAS is not looking to extend group sizes. We ask that providers think about how to operationalize groups through telehealth.

2. **Question:** Should all Targeted Case Management (TCM) services provided via phone be billed as telehealth?

Answer: Please see the OMHSAS Memorandum Telehealth Guidelines Related to COVID-19 for guidance.

3. **Question:** Is telehealth 99, 49, or 02 for outpatient therapy?

Answer: 99.

Financial/Billing

1. **Question:** Will the Alternative Payment Arrangement (APA) be determined by level of care or the entire organization?

Answer: The APA will be developed based on level of care and financial category.

2. **Question:** Does the APA apply to all bed-based providers, including inpatient and non-hospital drug and alcohol rehabs and halfway houses?

Answer: Yes.

- 3. Question:** Has CBH determined the amount that each provider will receive monthly? Will the 2019 yearly payment be divided by 12 to get a monthly average payment? Will the providers receive that set amount once a month?

Answer: Between April 1, 2020 and April 30, 2020, CBH will pay Providers based upon the average of the past 12 months of claims history. Payments (referred to as “APA Payments”) will be disbursed on April 10, 2020 for services provided between April 1-30, 2020. CBH will evaluate the APA strategy on a monthly basis and in concert with our finances. Providers will be paid one time per month.

- 4. Question:** Will the CRC also be averaged and separate from other service payments?

Answer: The CRCs will also be averaged and separated from other service payments.

- 5. Question:** Are there any levels of care that will be excluded from the APA?

Answer: Federally Qualified Health Centers (FQHCs), Opioid Centers of Excellence, and labs and laboratory services are excluded from the APA.

- 6. Question:** Is there a claim reconciliation process with the APA payment?

Answer: No, there will be no reconciliation with the APA payment; however, providers are still required to submit claims during the COVID-19 crisis.

- 7. Question:** Can providers submit documentation to CBH with their recommended APA payment amount based on their calculations?

Answer: CBH has calculated the APA amount; please await your agency payment.

- 8. Question:** Is there a form used to submit the administrative cost data during the APA period?

Answer: CBH has posted a template to be used, which is similar to the information needed for requests for rate increases and Requests for Proposals (RFPs).

- 9. Question:** Should claims be submitted, business as usual, for Centers of Excellence?

Answer: Yes.

- 10. Question:** Will providers be paid for all fee-for-service claims for services provided up to and including March 31 even if/when these services are submitted to CBH after March 31?

Answer: Those claims will be paid as normal; however, they will not be paid until after the APA is no longer in effect.

- 11. Question:** Will CBH accept billing after April 1 with dates of service prior to April 1? Does this include rejections?

Answer: Yes, we will continue to process claims with Dates of Service prior to April 1, but payments for these claims will not be made until after the APA ends. Yes, this includes rejections.

- 12. Question:** Who should we contact if the amount allotted in the APA is not adequate to cover staffing challenges during COVID-19?

Answer: If agencies are having challenges, please contact your Provider Relations Representative.

- 13. Question:** Will we submit component codes for CIRC programs only? Or will we need to submit Case Rates? Or both?

Answer: CIRC programs do not need to submit case rate codes for the APA at all.

- 14. Question:** Will the APA change or impact the CIRC current Value-Based Purchasing (VBP) payments?

Answer: The APA will include all CIRC providers, and VBP payments will be suspended for the timeframe that the APA is in place.

- 15. Question:** For what time period was the average CIRC payment calculated?

Answer: We used all of 2019 trended into 2020 by 3% using the assumption that CIRC utilization for the APA would be considerably lower than during the VBP.

16. Question: When will the CIRC VBP payment be suspended?

Answer: Effective April 1, 2020.

17. Question: Without payment/denial data, other than checking eligibility, how will we know whether members have lost eligibility during the APA?

Answer: Providers should continue to verify eligibility prior to claims submissions.

18. Question: We just downloaded a new Schedule A this morning in which all services revert to \$0 fee as of April 1, 2020. Does this update to the Schedule A also include changes that will allow us to submit services under Location Code 99, as that has not been an allowable Location Code for many of the services (therapies).

Answer: Please see [CBH Provider Bulletin 20-07: Third-Party Liability \(TPL\) and Place of Service for Services Delivered via Telehealth Platforms](#).

19. Question: When you say the acceptance of Location Code 99 will be done on the backend, does that mean there will not need to be a change to the Schedule A?

Answer: We have the capability of accepting the Location Code 99 for telehealth but will not require providers to bill retrospectively for claims that have already been submitted without the code. This does not require a change in Schedule A.

20. Question: If a provider has an authorization number that includes dates for March and April, should the provider only submit claims up to March 31? For example, if someone is authorized for services from March 20 through April 15, should we invoice March 20 through March 31?

Answer: Yes, the system has a cutoff of March 31 to pay that part of the claims at a fee-for-service basis. The part beginning April 1 and beyond will be included in the APA and should be billed separately.

- 21. Question:** Will Partial Hospitalization Programs (PHP) be able to bill for individual telehealth services similar to OP during this time?

Answer: The state is working on expanding billing/reporting capability to include less than a full unit of service. When we have more information, we will post it on www.cbhphilly.org.

- 22. Question:** Will each agency be offered a summary/breakdown of their APA calculation, including the percentage buffer, so that each provider has a clear understanding of how their APA payment was calculated?

Answer: Yes, each provider will receive a file along with the DocuSign that will outline their payment.

- 23. Question:** CIRC providers were supposed to receive a VBP payment based on outcome measures to replace P4P around February. Is this separate payment still going to be made?

Answer: All VBP incentive payments are on hold at this point pending evaluation following the APA period.

- 24. Question:** The Bulletin states payments are based on “claims history.” Does that mean the dollar value of the claims submitted or the dollar value of claims paid?

Answer: APA payments are based on the dollar amount paid by CBH to provider agencies.

- 25. Question:** Is the APA mandatory?

Answer: The APA is mandatory.

- 26. Question:** Can the monthly reporting requirements change from 10 days after the month’s end to 15 business days after the month’s end? From a finance perspective, we typically have not finalized the previous month within 10 calendar days, so we would have difficulty meeting this requirement.

Answer: CBH will allow an additional five days for the expense forms to be completed.

27. Question: Is the expectation for providers to pay 1099 and W2 staff based on how many services they normally provide per month?

Answer: CBH's expectation is that a provider's health care workforce should be maintained through this emergency to mitigate disruption to provider operations and ensure continuity of care for CBH members.

28. Question: Will CBH be taking back any surplus funds from providers at the end of the APA?

Answer: See the following provision in the APA Acknowledgement: "any surplus will be accounted for and reported as outlined in this APA Agreement and carried over and applied to the next month. Any Provider that has a surplus at the end of the term of the APA Agreement may be required to remit the surplus funds back to CBH." This provision has been included to provide CBH with a mechanism, if needed, to recoup any funds that aren't utilized appropriately for the maintenance of operations or staffing.

WEEK OF MARCH 23, 2020

Clinical

20. Question: Will there be specific guidance for Partial Hospitalization Programs (PHPs)?

Answer: Authorizations for PHPs may be extended. Please see [CBH Provider Bulletin 20-09: Temporary Suspension of Utilization Review](#) for details.

21. Question: Can you provide the dates of current authorizations that will be extended?

Answer: Current Children's Community-Based Service authorizations that have a last-covered date between 3/15/2020 and 6/14/2020 will be extended to 6/15/2020.

22. Question: Should we bill the school services delivered in the home using the existing school (TSS-S) authorization?

Answer: Yes, you may bill services delivered in the home or community under the school-based authorization during this time.

23. Question: Are those extension dates good for all services, including Family-Based Services (FBS)?

Answer: Yes, the extensions include all levels of care discussed during the webinar.

24. Question: For new IBHS authorizations, will we only need the Written Order?

Answer: Yes.

25. Question: Do we still need to do an evaluation for Family-Based Services?

Answer: Psychological evaluations are still required for Family-Based referrals.

26. Question: Are there any changes from OMHSAS regarding the 302 process during this time? For example, do petitioners still have to deliver the approved paperwork in person?

Answer: There are no changes currently. We are in communication with City Law, Crisis Response Centers, and police in order to explore social distance-promoting arrangements during the 302 process.

27. Question: Will Blended Case Management (BCM) and Residential Treatment Facility (RTF) services also have their authorizations extended automatically, as Family-Based Services will?

Answer: Case management authorizations (adult and child) will be re-authorized the month before they expire for an additional 12 months. This practice will continue through the end of the public health emergency declaration or until otherwise notified by CBH. Regarding RTFs, prior authorizations will remain and concurrent reviews will be suspended. Authorizations will be extended as needed by the Clinical Care Manager.

Compliance

1. **Question:** Is there going to be regulatory flexibility for admissions (e.g. a member cannot get a recent physical since healthcare providers are not as available)?

Answer: CBH is seeking guidance from OMHSAS regarding admission flexibility.

2. **Question:** Will the 48-day limit on therapeutic leave be waived?

Answer: CBH is seeking guidance from OMHSAS regarding admission flexibility.

3. **Question:** Are we using place of service (POS) code 02 for telehealth?

Answer: When services are delivered to a CBH member via telehealth, we would ask that your billing department use Place of Service code **99** on the claim form. We are hoping that this is a simple change, but please inform your assigned Provider Relations Representative if this presents a significant challenge. A provider Bulletin is forthcoming.

4. **Question:** Is there a change in the due date for the Personnel Roster that was due 3/27/2020?

Answer: Yes, the new deadline for submission of staff rosters is 5/1/2020.

Consent and Signatures

5. **Question:** When we can obtain signatures, what dates should we use? Our staff document in notes when consent and plans are reviewed. We are unclear about what date to use when we can obtain signatures on treatment plans, etc.

Answer: Always use the date on which the service was delivered. If you obtain a verbal consent, indicate the date that the verbal consent was obtained and, when you're able to obtain the physical signature, also record that date. It is important to never back-date signatures.

6. **Question:** How do we obtain consents and related paperwork to start treatment? Is it acceptable to get them later? What challenge does this present if obtained later?

Answer: Do everything you can to get children and youth into treatment as soon as possible. Each provider agency should have a policy and plan for gathering and documenting informed verbal consent from youth and parent/guardians if they are utilizing telehealth to initiate services. Each agency should then address how they plan to obtain hard copy signatures later when services are delivered by telehealth. One option some providers have chosen is to obtain verbal consents from a parent/guardian, documented by two agency staff who received and witnessed the exchange. In all cases, agency policy should include a plan for how to obtain physical signatures as soon as you are able.

- 7. Question:** If we provide Written Orders via telehealth, does the family need to sign the Written Order?

Answer: No. At this time, youth/parent/guardian signatures on the Written Order are not required. Each agency should have a policy and plan to obtain physical signatures as soon as you are able.

COVID-19 Cases

- 1. Question:** If a member in a residential treatment setting is diagnosed with or has symptoms of COVID-19, is there an option to transfer to another location in order to minimize the impact on others?

Answer: See the [PDPH Health Advisory: Referrals for Isolation and Quarantine](#). For specific questions regarding the City's quarantine site, please contact the Philadelphia Health Department at 215-685-6742.

- 2. Question:** How do we quarantine a patient with a positive screening when that patient is homeless?

Answer: See the [PDPH Health Advisory: Referrals for Isolation and Quarantine](#). For specific questions regarding the City's quarantine site, please contact the Philadelphia Health Department at 215-685-6742.

- 3. Question:** If a client must be quarantined at the site, would CBH continue to fund while that individual must remain in treatment?

Answer: The Alternative Payment Arrangement will connect payment to individual providers remaining operational and no longer connect payment to

individual members. In this scenario, whether this specific member is in quarantine or not will not impact reimbursement.

PPE

- 1. Question:** How is CBH helping providers obtain supplies and Protective Personal Equipment (PPE), which are especially needed in levels of care like Residential Treatment Facilities (RTFs)?

Answer: Please email Kimberly.Doyle@phila.gov who is collecting this information for CBH providers and working to get this to the City and the Office of Emergency Management (OEM). While there is currently no available stockpile in Philadelphia, OEM is actively looking at procuring in bulk once they have an available supply.

Discharge

- 1. Question:** What are the housing options available to members discharged from residential care? Has coordination with other counties been considered to address this concern?

Answer: Housing options will remain the same. There are likely to be specific options for individuals with unstable housing that require isolation or quarantine, although plans are not finalized.

- 2. Question:** We have had multiple aftercare placements say that they are not admitting. Will CBH cover continued stay while we are trying to access services?

Answer: Please let your CBH clinical care manager know if providers are not accepting discharge referrals. We are in the process of examining our utilization review (UR) practices and information about potential changes is forthcoming. Our priority is to ensure flow through the system to avoid and/or mitigate backlogs.

- 3. Question:** Will you please release a list of providers who will be offering telehealth? We want to ensure we can effectively and efficiently discharge our members.

Answer: Please visit the CBH website for ongoing updates to changes in our provider network. This can be found on the COVID-19 landing page, under the “Operational Changes of Treatment Providers.”

General Questions

1. **Question:** If the crisis center is closed, where do children in crisis go?

Answer: The Philadelphia Crisis Response Center is not closed; however, the Crisis Stabilization Unit (CSU) within Belmont is temporarily closed. The CSU is an eight-bed unit used for stabilization. This is being slated for quarantine use, if needed. Mobile crisis teams are still in operation and have incorporated telehealth capabilities.

2. **Question:** Is there any language on the lab requirements for D&A clients?

Answer: We are not aware of any language.

3. **Question:** Does CBH know whether Medicare is planning to allow Medicare Incident-To supervision for LPCs and unlicensed clinicians? The current messages from CMS seem to allow telehealth for only those specific qualifying providers.

Answer: CBH does not have regular contact with CMS; we suggest that you reach out to them directly.

4. **Question:** Will OMHSAS or CBH relax staff hiring requirements such as background checks?

Answer: As of March 25, 2020, there have been no global waivers for clearances announced by the State. The State has indicated that they are reviewing, and we will provide updates as we receive them.

5. **Question:** Will schools be closed across the state until the end of the school year?

Answer: On Thursday April 10, 2020, Gov. Tom Wolf announced that all Pennsylvania schools will remain closed for the rest of the academic year. This includes all Philadelphia public and private schools. Please check the Philadelphia School District website for additional updates.

6. **Question:** Has the timeline for the Intensive Behavioral Health Services (IBHS) RFP changed?

Answer: CBH has delayed the IBHS RFP awardee notification to May 1, 2020.

7. **Question:** How do we find out who our Provider Relations Representative is?

Answer: Out-of-Network Providers can contact Jeffrey Rosenthal at Jeffrey.Rosenthal@phila.gov. For in-network providers, please call the Provider Relations hotline at 215-413-7660 and press two or use the Kimberly.Doyle@phila.gov email.

Quality

1. **Question:** Who do we contact to obtain the Microsoft Word version for significant incident reports?

Answer: It is now uploaded [on the CBH website alongside the PDF version here](#).

2. **Question:** Is there a secure email address for incident report submission?

Answer: Incident reports can be emailed to CBH.Quality.Review@phila.gov or faxed to 215-413-8591.

Telehealth

Please refer to the [telehealth guidance released by OMHSAS on March 15, 2020](#) and the earlier [OMHSAS Telehealth Bulletin 20-02](#).

1. **Question:** Can initial assessment and psychological evaluations be done remotely?

Answer: Yes.

2. **Question:** Do we need to attest for other telehealth services (e.g. for BHRS and FBS)? That wasn't on the State form—it just listed outpatient, partial, D&A.

Answer: Yes; if you want to do telehealth, you must complete the attestation form regardless of the service. List such services under “Other.” The state (OMHSAS and DDAP) have allowed for broad use of telehealth across a variety of license types.

3. **Question:** If a provider works in two settings, i.e. hospital and outpatient, I am assuming they remain providing in-person in-hospital and use telehealth at the secondary location?

Answer: This scenario has not been addressed specifically by OMHSAS, although nothing written would clearly prohibit this. There has been guidance that providers can deliver telehealth care from home, and OMHSAS has advised providers to share practitioners should illness limit the workforce.

4. **Question:** Does CBH have suggestions for conducting group therapy for members in Outpatient Drug and Alcohol treatment?

Answer: Please provide specific information on your plans/proposals for delivering group services via telehealth.

5. **Question:** Can clarification be provided for a scenario in which a member would be asked to come into the office setting?

Answer: The vast majority of members will likely not want to come into the office, but in cases where individuals aren't comfortable with telehealth, we ask that you're flexible and ensure that you're meeting the needs of both current and future clients.

6. **Question:** Can child psychiatrists prescribe medication through telehealth?

Answer: The COVID-19 telehealth Bulletins from OMHSAS do not distinguish between adult and child members. OMHSAS guidance indicates that providers can operate within their scope of practice.

7. **Question:** Can you confirm whether TSS services can be provided via telehealth?

Answer: We have asked the State for guidance on this question. For now, guidance from OMHSAS allows use within the scope of BHRS. We would want to know what TSS services would be delivered via telehealth and would consider this on a case by case basis. CBH has requested additional clarification as to what the service would entail if not using audio and video-enabled equipment (i.e. by telephone) and for whom this would be an appropriate clinical service.

- 8. Question:** Will TSS-S and TSS-NS be expected to continue at the same authorization utilizing telehealth services?

Answer: Our current advice is to do the best you can. We understand that some families are declining services or asking for a reduction in the number of people coming into their home, so the general guideline should be to provide as much of the authorization as possible, given parent and family preferences and changing needs. CBH understands that the full amount may not be possible. We are not concerned about paid-to-authorization metrics right now. Provide what each child needs during this time.

- 9. Question:** Procedure codes for Medication Visits were not included on the Bulletin for telehealth. Will CBH pay for Medication Visits provided by telephone?

Answer: Yes, you would just bill for the regular CPT code for that service.

Provider Needs

- 1. Question:** Is it possible for CBH to advocate for PROMISe numbers for new doctors and new licensed staff to be expedited? We would like to be able to write more Written Orders, and we have been waiting for a few of our staff to be approved for over 30 days now.

Answer: CBH will advocate for PROMISe numbers for new doctors and other staff. We will make every effort to help. The State has suspended licensing visits because they are working hard to lessen restrictions in order to make telehealth possible and mitigate financial impact to providers.

- 2. Question:** Can we use the agency PROMISe ID for IBHS?

Answer: Under IBHS, each licensed prescriber must be individually enrolled in PROMISe. We will ask OMHSAS if this can be waived for IBHS Written Orders during COVID-19.

Financial

APA General

- 1. Question:** How will you calculate the 2019 revenues based on the 12-month average, and what will be the increase attributable to 2020 increases be?

Answer: The amount is determined by averaging 2019 monthly payments with a trend factor to 2020. The trend factor is projected at approximately 3%, which has taken into account if there was a rate rebasing that took place in mid-2019.

- 2. Question:** Can you explain the 3% trend factor?

Answer: We will take the 2019 data and use an inflation factor to get us into 2020.

- 3. Question:** Can you please explain exactly how you will adjust the APA payment after you compute the annual average? Will you add a specific percentage to adjust the rate increases?

Answer: Yes, we will add 3% to the 2019 average in order to trend into 2020.

- 4. Question:** How long will the average of 12 months be utilized as payment?

Answer: We don't currently know.

- 5. Question:** What adjustments will be made if the historical average is less than what our current billing would be?

Answer: We will review concerns on a case-by-case basis; please notify your Provider Relations Representative if there are concerns.

- 6. Question:** Will prospective payments based on historic utilization be at 100%? In other words, if we were reimbursed \$100,000 on average last year, will we prospectively be paid \$100,000 this year?

Answer: This will be done, for most providers, based on 100% of the monthly average paid in 2019 plus a trend factor of approximately 3%. So, you will be paid at 103% of the 2019 average.

7. **Question:** Is the anticipated payment structure for bed-based providers similar for community-based providers?

Answer: Yes, the payment structure is identical.

8. **Question:** When will the expense forms for the APA be available?

Answer: The beginning of April 2020.

9. **Question:** What do we need to do to ensure our first payment will be made on April 10?

Answer: Nothing. We will post information through CBH News Blasts and on www.cbhphilly.org

10. **Question:** While the prospective payment beginning in April is much appreciated, is there any possibility of this applying also to the last two weeks of March?

Answer: At this point we do not intend to do this for service dates prior to April 1, 2020.

Provider APA

11. **Question:** If there was a rate increase during the year, will that be included in the calculation of the APA?

Answer: That will be included to the degree that it was included in the payments for the year. For example, if the increase was granted on June 1, it will be included in seven months of the average payment over the year.

12. **Question:** If we had significant program changes, who should we contact to discuss, as the average of 2019 is very different than our current operations?

Answer: If that is the case, please contact your Provider Relations Representative.

- 13. Question:** How would payments be effective for providers who are new and do not have a year of track record?

Answer: We will be reviewing provider data for anomalies and will provide adjustments in cases where averaging 2019 doesn't appear to be an accurate method for that particular provider.

- 14. Question:** How will payments for any alternative payment methods be handled? Our CIRC program requires that we submit all component services for a month, and, once adjudicated on the 835, we then submit case rates for all individuals that meet the monthly face to face contacts.

Answer: Although payments are not contingent on billing a certain number of claims, it is important that you continue to submit claims. We will make prospective payments at the beginning of April. CIRC providers will be paid through this APA temporarily; their current APA will be suspended.

- 15. Question:** Regarding the CIRCs, you said that the alternative payment method would be temporarily suspended. Does this mean that we will begin receiving the amount we were received when still program-funded, or will we be receiving the average of the case rates we've submitted? The payment methods changed during 2019. And should we submit the actual services provided, or the case rates in the 837?

Answer: We are using the average of all monthly payments made to CIRC providers in 2019 as the base. Yes, you should submit actual services provided. For dates of service April 1 and beyond, you will not need to submit the case rate code.

- 16. Question:** Will the APA apply to Blended Case Management and CIRC?

Answer: Yes.

- 17. Question:** For the APA, what about providers who have significantly increased in size since last year?

Answer: We will review provider payments on a case by case basis. When you receive your APA payment, if you have concerns, you should reach out to your Provider Relations Representative.

18. Question: Will the prospective payment also apply to transportation services?

Answer: CIRC Transportation will remain Fee for Service.

19. Question: How will you adjust the APA for programs that have had an expansion (e.g. FB) since FY19?

Answer: Please see the [March 21, 2020 CBH Provider Notice: CBH COVID-19 Response: Provider Payments \(Provider Advisory Committee FAQ Correction\)](#).

APA Out-of-Network (OON)

20. Question: Does the APA apply to Out-of-Network (OON) Providers?

Answer: Generally, no, but there are some exceptions. These will be handled on a case by case basis. Kimberly Doyle will also be reaching out to our Out-of-Network Providers.

21. Question: How will the APA be calculated for an OON agency who started providing services to CBH members in August and has been steadily increasing in size and staff?

Answer: CBH will be looking at providers on an individual basis. If you have concerns about your APA, please reach out to your Provider Relations Representative or Kimberly Doyle at Kimberly.Doyle@phila.gov.

Claims

22. Question: Should claims continue to be submitted while the APA is in effect?

Answer: Yes. It is important for us to have an accurate representation of utilization during this crisis.

23. Question: If claims are not being processed, how will claims for individuals be handled for consumers that have lost their coverage? We often don't know until the claim denial is received, as EVS is not always up-to-date and synced with the information CBH has.

Answer: Providers still need to verify eligibility. Providers will still receive a denial notice if an individual is not eligible. However, during the APA period, claims are being processed at a \$0 rate. The APA will connect payment to

providers to ensure that agencies remain operational; the APA does not connect payment to individual members.

Staffing Specific

- 24. Question:** Staffing in the residential treatment program is a primary concern for us; are others increasing staff pay?

Answer: We have not heard anything locally, and Behavioral Health Managed Care Organizations (BH-MCOs) across the state have not indicated this. Part of getting prospective money to you is based on historic cashflow, and we haven't considered a hazard pay option yet.

- 25. Question:** For providers who have a full continuum of treatment services (residential, BHRS, outpatient), is it possible to utilize staff who are not working at full capacity in one program to work in another program?

Answer: The goal is to have provider operations continue as normally as possible; this is the intention of the APA. The main thing is to make sure all families are clinically supported. If shifting staff around makes sense to you on your end, that is your business decision to make.

- 26. Question:** Has CBH considered providing additional funds needed during this crisis (e.g. overtime, telephonic systems, additional staff, take-home computers etc.)?

Answer: DBHIDS is requesting providers to track these items if it is COVID-19-related and has provided an official form to do so. That form can be found at www.dbhids.org/news/covid-guidance-for-providers/. They are anticipating potential federal funds in the future to mitigate this.

- 27. Question:** Are providers expected to pay contractors also?

Answer: We expect you to pay your healthcare workforce who are delivering services to CBH members.

- 28. Question:** Can CBH provide guidance on how to pay fee-for-service staff?

Answer: Each provider should establish a plan to pay fee-for-service staff and independent contractors who are providing health care services. CBH's

expectation is that a provider's health care workforce should be maintained through this emergency to mitigate disruption to provider operations and to ensure continuity of care for CBH members.

Financial Other

29. Question: How is the info we are reporting monthly (lost revenue, additional staffing costs, additional supply costs) being utilized? Will we be reimbursed for these costs?

Answer: The DBHIDS Tracking Form is being used to capture the expenses incurred during this crisis. This form [can be found here](#). Consideration for this will be made in the future on a case by case basis. Additionally, the APA plan is intended to stabilize providers.

30. Question: Will CBH pay for support services in the home for children who are authorized for RTF services?

Answer: In order for services to be reimbursed to an RTF, the child needs to be physically present at the RTF or on an approved therapeutic leave. Billing for members who have been sent home is not permitted.

31. Question: We have a lot of dual eligible people. Medicare requires video capability which, in most cases, is unavailable. Will CBH consider billing for telephone service in these cases?

Answer: The CBH APA/Prospective payment will cover all services provided to CBH-only and CBH dual eligible individuals.

32. Question: Will CBH still be honoring the incentive program for BHRS (now IBHS) providers?

Answer: In order to provide the APA, CBH must suspend other payment methods and incentives until such time that the APA is terminated. Once we resume normal operations, CBH will review and assess the metrics associated with the BHRS incentives and providers status on those. We will also need to assess our financial situation at that time. Further information about this will be provided after the APA period.